

Inside this issue:

A dual of 2 white pills	2
Team Member Spotlight	3
Man to Man	3
Program Update	3
Corner for the Cause	3

Reproductive Health & Wellness Program, Cincinnati Health Dept**Special Points of Interest:**

- *Copper IUD's: Old dog, new tricks*
- *The ABC's of ECP's (emergency contraceptive pills)*
- *Reproductive Health and Wellness Program Expansion*
- *A minor issue: Sex, School and the State*

FACES IN THE CROWD: THE BODY SHOP AROUND TOWN

The RHWP would like to thank the Department of Africana Studies at UC for the opportunity participate in their April forum, Health & Hip Hip. Following the event, Drs. Jennifer Mooney and Edward Wallace (UC) were invited to be guests on the Health Department's television program on Citicable. Their dialogue expands upon the sociocultural themes in healthcare presented during the forum and provides an overview of the body shop program. The segment will air on Time Warner Channel 23 throughout the month of May.

Also during April, both the RHWP and UC Center for Women's Health attended the Sister Collection Networking and Resource Fair at Seven Hills Neighborhood House. The event was sponsored by REAL Women of Cincinnati

Finally, the Cincinnati Enquirer has named Ruby Crawford-Hemphill among their ten 2012 Women of the Year. As the Assistant Chief Nursing Officer for the UC Center for Women's Health, Ruby is being recognized

for her commitment to health equity and for her volunteer work, especially regarding women's health and infant mortality. The body shop is proud to count Ruby and the UC Center for Women's Health as community partners. Congratulations Ruby!

**Catch the RHWP on Citicable!**

disease, nor does it terminate existing pregnancies if inserted (1).

Post-partum use of ParaGard® can reduce many of the negative side-effects associated with IUD insertion. For example, in one study, breast-feeding mothers using the device reported less pain following insertion than non-breastfeeding mothers (3).

ParaGard® has also been recognized as an effective form of emergency contraception. It is capable of preventing pregnancy if inserted within 3 to 5 days of unprotected sex (1). This allows for a wider window of opportunity for preventing pregnancy than any other form of emergency contraceptive. In addition, it continues to protect against pregnancy after the initial pregnancy scare has subsided. ParaGard® may also protect against endometrial cancer: several studies have shown that the presence of ParaGard® in the uterine environment confers protection of this kind (1).

ParaGard® is a great alternative for those who want long-term, hassle-free pregnancy protection without the hormones. The body shop hopes to offer immediate postpartum insertions through our partnerships with UC Center for Women's Health over the next year.

Special contributor: Aalap Bommaraju

METHOD OF THE MONTH:

The ParaGard® copper intrauterine device (IUD) is one of only three IUDs that are currently available for use in the United States. It was approved for use in the U.S. as an intrauterine contraceptive by the FDA in 1988 and is the most widely used IUD in the world, with distribution in 70 different countries(1).

ParaGard® is T-shaped with fine copper wire wended around the device's long stem and two copper sleeves around the top branches. Two polyethylene strings trail out of the bottom allowing for easy removal. ParaGard® prevents pregnancy by changing the chemical environments of the uterus and fallopian tubes so that sperm are rendered incapable of reaching the egg. It is one of the most effective contraceptive methods available, boasting a 12-year failure rate of 2.2 pregnancies per 100 women. It can remain effective for up to 12 years after insertion (2).

Despite having been around the block, ParaGard® remains revolutionary: it is the sole long-acting reversible contraceptive method in the U.S. that does not use local or systemic hormones to prevent pregnancy. This factor makes it an ideal choice as a post-partum contraceptive method for breast-feeding women who are wary of hormonal contraceptive methods.



ParaGard® does not require constant maintenance or upkeep: it must be replaced once every 10 years. Studies have shown that it remains effective at preventing pregnancy into the 12th year after insertion (1).

Pregnant women should know that ParaGard® can be inserted up to 72 hours after placental delivery. Inserting the device within 10 minutes is the most efficacious timing for insertion. Beyond this 10 minute window, postplacental insertion is associated with moderately higher rates of device expulsion (3). In some cases, the risk of device expulsion may be balanced by the critical pregnancy protection offered by early insertion.

ParaGard® insertion is associated with the same risks and side effects as all intrauterine insertions: uterine perforation (only during the time of insertion), irregular or heavy bleeding, and cramping pain. Unlike the levonorgestrel intrauterine contraception system (Mirena®), ParaGard® is associated with heavier menses over time. This excessive bleeding can be managed with non-steroidal anti-inflammatory drugs. Contrary to popular belief, ParaGard® does not increase the risk of ectopic pregnancy or pelvic inflammatory

EMERGENCY CONTRACEPTIVE PILL VS. THE ABORTION PILL

Not all little white pills are created equal. A U.S. District Court recently ruled that Plan B should be available over-the-counter to all patients of reproductive age, not just to those over the age of 17. Following this ruling, mainstream media has inaccurately referred to Plan B as the “abortion pill”. Plan B actually belongs to a specific class of drugs called emergency contraceptive pills, or ECPs. The fact that Plan B has been misclassified as an abortion pill has revealed the deep-rooted misconceptions about the drug that are pervasive in American society. Here are some key differences between Plan B and the “abortion pill”:

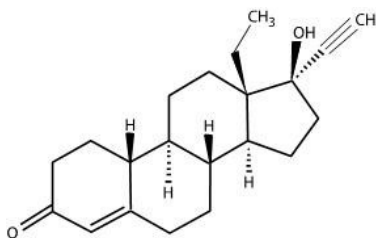


Name: Plan B; Plan B OneStep
Generic: Levonorgestrel, NextChoice

Alias: the “morning after pill”, Emergency contraception, emergency contraceptive pill (ECP), Progestin-only ECP, Progestin-only pill (POPs). Combination ECPs, such as Ella, are also on the market (6).

Medical Use: Prevents pregnancy in the event of contraceptive failure, unprotected sex, or sexual assault. It is approved for use up to 72 hours after intercourse, but some studies suggest it is effective up to 5 days after (7, 8). Plan B is 0.75mg pill followed by a second dose 12 hours later. OneStep is a single dose of 150mg tested and observed to be just as effective as two separate doses (7). It should not be used as a regular form of birth control. The FDA estimates 5 pregnancies per 100 women relying on Plan B (9). It is safe for all women of reproductive age, including adolescents, according to the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG).

How it works: Plan B contains levonorgestrel, which is a type of progestin, or a **synthetic progesterone**. This is also the type of hormone used in DepoProvera, Mirena, and many oral contraceptives. There are multiple theories on the mechanism of how levonorgestrel prevents pregnancy. Some studies have shown that the hormone hinders sperm migration by thickening mucus, by causing conformational changes to the sperm themselves, or by altering the endometrium to prevent fertilization. The most widely agreed upon theory of mechanism is that levonorgestrel prevents or delays ovulation beyond the lifetime of sperm in the uterus (5-7 days) (8, 10).



MYTH BUSTER: The common misconception is that Plan B is abortifacient; either because it's being confused with Mifeprex or because it is incorrectly believed to prevent implantation. First of all, pregnancy is defined by NIH, ACOG, and FDA as the implantation of a fertilized egg. This does not happen until 6-12 days following intercourse. Pregnancy is defined this way because there is no test for fertilization itself, — the majority of fertilized eggs never achieve implantation (10). The evidence suggests that levonorgestrel does not prevent pregnancy by preventing implantation. If the hormone impeded implantation, Plan B efficacy would not decline over time from last intercourse. It would instead be effective throughout that 6-12 day window (10). If fertilization and implantation have already occurred, levonorgestrel—unlike mifepristone—will not dislodge or harm the zygote. No study to date has seen harmful effects on embryonic and fetal development associated with levonorgestrel (7, 11).

Where it's available: Now available over-the-counter for all individuals of reproductive age. Also can be prescribed by provider.



Name: Mifepristone, Mifeprex

Alias: the “abortion pill”, RU486, “The pill that changes everything” (Time Magazine, 1993)

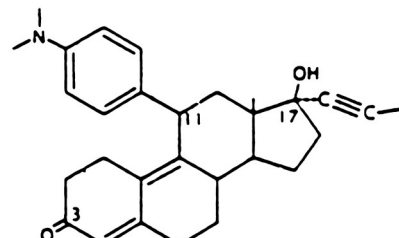
Medical use: Mifeprex is part of the only FDA-approved regimen for a medical abortion, which can be performed up to 49 days after the beginning of the patient's last period:

- Day 1: Mifeprex Administration (3 tablets of 200 mg of Mifeprex orally at once)
- Day 3: Misoprostol Administration (2 tablets of 200 mcg of misoprostol orally at once)
- Day 14: The patient must return to confirm that a complete termination has occurred. (11)

How it works: Mifepristone is a synthetic molecule that is an “**anti-progesterone**” or a “progesterone antagonist”, meaning that it competitively inhibits progesterone from binding with its receptor. Usually, the steroid progesterone binds to its receptor and triggers the synthesis of proteins necessary for the “maintenance” and progression of the pregnancy. Since mifepristone “sticks” to the progesterone receptor three times more effectively than progesterone can, this normal pathway is blocked. (13). Consequently, the lining of the uterus breaks down, which discontinues the pregnancy. The misoprostol then causes the lining to drain (14).

MYTH BUSTER:

Mifepristone is **not** approved as a form of emergency contraception in the U.S.—as it is in Europe—nor is it FDA-approved to be administered vaginally.



Where it's available: This medication is only available in the office of medical providers deemed capable of dating pregnancies and identifying ectopic pregnancies. It is administered **only** under medical supervision. Laws regarding parental consent for minors vary by state.

“The College has long supported making EC available over the counter without an age restriction, so this is welcome news to us and to young women...EC is a safe, effective way to help prevent unintended pregnancy after a contraceptive failure, unprotected sex, or sexual assault. We believe all EC products should be available over-the-counter.”
-James T. Breeden, MD, president of The American College of Obstetricians and Gynecologists

FRESH FROM

TEAM MEMBER SPOTLIGHT: MEET BRANDY!



Name: Brandy Thompson

Hometown: Cincinnati

Favorite book: *The Truth Shall Set You Free*, by Asa Molina

What do you do at the body shop?

I am a Medical Assistant at the body shop, providing assistance for providers in which we act as a team in providing quality care for a variety of patients.

What do you love about working in reproductive health? I love to help our patients be able to plan their lives by being able to put forth and set endeavors, especially our younger patients that we serve. I love to be able to make a difference in people's lives

"I love to help patients be able to plan their lives...especially our younger patients"

and working around a dynamic group of individuals who help the body shop program flourish. I love working at the body shop and the staff—they come to work on fire every day, ready to make positive change throughout our communities.

When you're not at the body shop, where might we find you?

When I am not at the body shop you may find me out in the community working with CIRV (Cincinnati initiating reduced violence) or spending quality time with my 3 beautiful delights, my children.

MAN TO MAN: MEN'S HEALTH INITIATIVE UPDATE

Interested in the Men's Health Initiative for your organization? Contact the program coordinator: eric.washington@cincinnati-oh.gov

- The MHI is in the process of implementing new educational modules on puberty for boys and other related subjects.
- Classes are now being conducted at Talbert house for at-risk youth
- Night classes at Clement Health Center (Center for Reproductive Health and Education) will run from May 1-29 on Wednesdays from 6-7 PM

CORNER FOR THE CAUSE



May 12-18: National Women's Health Week

May 13: National Women's Check up day

National Teen Pregnancy Prevention Month

Teen pregnancy is both a national and local concern. Not only are unintended pregnancies considered a "significant risk to the physical and emotional health of adolescents", says the American Academy of Pediatrics, but they also pose a risk to the infants they bring into the

world. In Hamilton County, between 2007-2009, infants born to teen mothers yielded the highest rate of infant mortality, at 14.8 per 1,000 live births, compared to 7.1 for mothers ages 30-34 (15, 16). Perhaps even more concerning is the observed risk of repeat pregnancies in adolescents. The CDC recently reported that in 2010 there were 367,000 births to mothers aged 15-19 nationwide. Among these births, 1 in 5 were repeat births to the same adolescent mothers. This in spite of their contact with health services during their previous pregnancies (16).

The number of adolescent births in the U.S. decreased by almost 7% between 2007 and 2010, but it is no secret that our nation still exhibits the highest rate of both adolescent and unintended pregnancies of any developed country. Washington University's Dr. Jeffrey F. Peipert, vice chair of research in one of the leading medical institutions for family planning, attributes the relative success of peer nations in avoiding teen pregnancy to several factors: "clear and unambiguous" prevention messages, a general cultural expectation that childbearing should be delayed until adulthood, greater access to contraception, and comprehensive sex education.

As teen health and education in schools comes under fire from state legislators, individual Cincinnati Public School (CPS) administrators have begun to reach out to the body shop for support in health services and educational tools. Now entering our third year, the program will focus on increasing its outreach to adolescents throughout Hamilton County. Currently, about 6.9% of our patient population are minors, and the program is working closely with the Division of School & Adolescent Health to create timely referrals to RHWP appointments. Beginning in fall 2013, an HCAN community health worker will work in conjunction with school health staff at CPS high school clinics to offer onsite contraceptive counseling, appointment coordination, and transportation to eliminate identified barriers to reproductive health services.

ONWARD AND UPWARD: PROGRAM EXPANSION

- **The RHWP is entering year 3 of the 5 year grant, and will focus on increased services to adolescents, including Gardasil vaccinations against HPV**
- **1,528 total patients have been enrolled**
- **147 male patients have been enrolled**
- **All GYN appointments for women of reproductive age at CHD health centers are now considered Family Planning visits, and will be covered by the RHWP**
- **Appointments are now available at Price Hill Health Center**
- **Neighborhood Health Care is seeing body shop patients one day a week at their Walnut Hills site**
- **An "in-house" appointment reminder system is currently being piloted for Lou Boyle's patients to combat program no-show rates**



REPRODUCTIVE HEALTH & WELLNESS PROGRAM, CINCINNATI HEALTH DEPT

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320



The Reproductive Health and Wellness Program (RHWP) or the body shop,

is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled more than 1,000 unique individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov

Happy Mothers Day from the body shop!

Since moms make the world go 'round, the RHWP strives to empower every woman to decide for herself if and when she will embark on the chaotic and miraculous journey of motherhood. Congratulations to our own "freshman" mother, Dr. Mooney, Brandy Thompson, mother of three, and Lou Boyle, NP, expecting her third!

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